



# Delaware County Women's Center

CCMC Annex – Alexander Silberman Center 4<sup>th</sup> Floor  
Medical Center Boulevard Chester, PA 19013 (610) 874-4361

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ give \_\_\_\_\_ permission to use

my \_\_\_\_\_ Credit/Debit Card.

(Visa, MasterCard, or Discover)

The card # is \_\_\_\_\_ and the expiration date is \_\_\_\_\_,

The CCV (3 or 4 digit # on back of card) is \_\_\_\_\_ and my zip code is \_\_\_\_\_.

The amount allowed to be charged on this card is \$ \_\_\_\_\_ or up to

\$ \_\_\_\_\_

The telephone # where I can be reached is \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signed Name \_\_\_\_\_

\*Please attach a legible copy of the front and back of your credit card and State issued ID and or Passport